
Drug Abuse Trends in Minneapolis/St. Paul, Minnesota: 2010

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ABSTRACT

Minneapolis/St. Paul ("Twin Cities") area indicators regarding heroin and other opiate abuse continuously increased over the past decade. Yet in 2010, both treatment admissions and deaths did not increase. A record high number of 1,722 patients received treatment for addiction to "other opiates" in 2009, a fourfold increase since 2002, yet this fell to 1,639 in 2010, a 4.8 percent decline. In 2010 there were 92 opiate-related deaths in Ramsey and Hennepin counties combined, compared with 113 in 2009, a 22.8 percent decrease. Still, opiate use among males who were arrested in Hennepin County increased, and 9.0 percent of adult male arrestees tested positive for opiates in 2010, compared with 4.7 percent in 2007. Cocaine-related treatment admissions continued to decline in 2010, but deaths increased slightly. Following significant increases from 2000 through 2005, methamphetamine-related indicators remained at reduced levels in 2010, with some slight upward movements. In 2010, BZP, and synthetic THC (sold as incense), emerged as new drugs of abuse, and in early 2011, 2C-E (sold as a "research chemical") and mephedrone (sold as "baths salts" or "plant food"). The use of these synthetic substances grew rapidly, as indicated by a rising number of adverse health events related to their use reported to the Hennepin Regional Poison Center, and reported by school-based counselors. Purchased online and in "head shops," with package warnings against human consumption, when ingested, these synthetic substances can produce increased heart rate, delusions, agitation and extreme paranoia.

INTRODUCTION/OVERVIEW

This report analyzes trends and patterns in substance abuse in the Minneapolis/St. Paul, Minnesota metropolitan area, based on the most recent data available from multiple sources. It is produced twice annually for participation in the Community Epidemiology Work Group of the National Institute on Drug Abuse, an epidemiological surveillance network of selected researchers from 22 U.S. metropolitan areas.

Area Description

The Minneapolis/St. Paul metropolitan area includes Minnesota's largest city, Minneapolis (Hennepin County), the capital city of St. Paul (Ramsey County), and the surrounding counties of Anoka, Dakota, and Washington, unless otherwise noted. According to the 2010 Census, the population of each county is as follows: Anoka, 330,844; Dakota, 398,552; Hennepin, 1,152,425; Ramsey, 508,640; and Washington, 238,136 for a total of 2,588,907, or roughly one-half of the Minnesota State population.

Regarding race/ethnicity in the five-county metropolitan area, 80.1 percent of the metropolitan area population is White. African-Americans constitute the largest minority group (9.1 percent), with Asians accounting for 6.1 percent, American Indians 0.7 percent, and Hispanics of all races 6.0 percent.

Since the early 1990s, many Somalis have sought refuge in Minnesota due to civil unrest and government collapse in Somalia. The Twin Cities is now home to a large and still expanding population of immigrants

from Somalia. Estimates range from 30,000 to 60,000 people, making it one of the largest Somali communities in the United States. Since 1975, thousands of Hmong refugees have also made their way to the Twin Cities. The Hmong people, originally from Laos, fought covertly on behalf of the American military forces during the Vietnam War. The Hmong community in Minnesota is now estimated at 60,000 to 70,000, making it one of the largest Hmong communities in the U.S.

Outside of the Twin Cities metropolitan area, the State is less densely populated and more rural in character. Minnesota shares an international border with Canada, a southern border with Iowa, an eastern border with Wisconsin, and a western border with North Dakota and South Dakota, two of the country's most sparsely populated States. Illicit drugs are sold and distributed within Minnesota by Mexican drug trafficking organizations, street gangs, independent entrepreneurs, and other criminal organizations. Drugs are typically shipped or transported into the Twin Cities area for further distribution throughout the State. Interstate Highway 35 runs north-south throughout Minnesota, and south to the United States-Mexican border.

Data Sources

Information and data used in this report are from the following sources:

- **Addiction treatment data** are from the Drug and Alcohol Abuse Normative Evaluation System (DAANES) of the Performance Measurement and Quality Improvement Division, Minnesota Department of Human Services (through December 2010).
- **Mortality data** on drug-related deaths are provided by the Ramsey County Medical Examiner and the Hennepin County Medical Examiner (through December 2010). Hennepin County cases include those in which drug toxicity was the immediate cause of death, and those in which the recent use of a drug was listed as a significant condition contributing to the death.
- **Crime laboratory data** are from the National Forensic Laboratory Information System (NFLIS), administered by the U.S. Drug Enforcement Administration (DEA), which collects solid dosage drug analyses conducted by State and local forensic laboratories across the country on drugs seized by law enforcement (through December 2010). Data presented here are from the seven-county metropolitan area including the counties of Anoka, Dakota, Hennepin, Ramsey, Washington, Scott, and Carver.
- **Drug seizure, price, purity and arrest data** are from the various multijurisdictional narcotics task forces that operate throughout the State, compiled by the Office of Justice Programs, Minnesota Department of Public Safety (through December 2010), and the U.S. Drug Enforcement Administration.
- **Drug use among arrestees data** are from the Arrestee Drug Abuse Monitoring II (ADAM II) Program, administered by the White House Office of National Drug Control Policy, based on the urinalysis of a sample of 899 males arrested in Hennepin County in 2010.
- **Human immunodeficiency virus (HIV) infection data** and **Hepatitis C (HCV) data** are from the Minnesota Department of Health (through December 2010).
- **Additional information** is from interviews with addiction treatment providers, narcotics agents, and school-based drug and alcohol specialists (ongoing).

DRUG ABUSE PATTERNS AND TRENDS

Cocaine/Crack

In recent years increasingly fewer patients received treatment for **cocaine** addiction. This pattern continued in 2010. Cocaine was the primary substance problem for 5.7 percent of total treatment

admissions in 2010 (exhibit 1), compared with 6.4 in 2009, and 14.4 percent in 2005 (exhibit 2). The actual number of cocaine treatment admissions declined by 64.7 percent from 2005 to 2010 (exhibit 3).

As in past years, most cocaine treatment admissions in 2010 (78.2 percent) were for **crack** cocaine (exhibit 4). Almost one-half (49.9 percent) were African-American; 38 percent were White, 39.6 percent were female; and 73.7 percent were age 35 and older. The average age of first cocaine use for patients receiving treatment for cocaine, was 24 years (exhibit 5).

In Hennepin County, there were 25 accidental cocaine-related deaths in 2010 (exhibit 6), compared with 10 in 2009. Of these cases in 2010, 8 had cocaine toxicity as the cause of death, and 17 reported recent cocaine use as a significant contributing condition. Ramsey County reported 7 cocaine-related deaths in 2010, compared with 11 in 2009. Opiate-related deaths have outnumbered cocaine-related deaths since 2001 (exhibit 7).

Cocaine accounted for 22.3 percent of the analyzed drug samples reported to NFLIS in 2010 (exhibit 8), compared with 22.2 percent in 2009, and 28.2 percent in 2008. Gangs in both Minneapolis and St. Paul remained involved in the street-level, retail distribution of crack cocaine. The amount of cocaine seized statewide by narcotics task forces continued to decline in 2010 (exhibit 9). A rock of crack ranged in price from \$15 to \$20, a gram of cocaine powder from \$80 to \$120, and an ounce from \$1,100 to \$1,400.

In 2010, 19.8 percent of the adult males arrested in Hennepin County tested positive for cocaine, compared with 27.5 percent in 2007 (exhibit 10).

Heroin/Opiates

The abuse of and addiction to **heroin** and **other opiates** continued at heightened levels in the Twin Cities in 2010 (exhibit 2), with some signs of slowing. Mexico was the primary source of heroin including black tar heroin and brown powder.

While treatment admissions involving heroin and other opiates increased steadily in the Twin Cities since 2000, the actual number fell slightly from 2009 to 2010 (exhibit 11). There were 3,366 treatment admissions for heroin and other opiates combined in 2009, and 3,171 in 2010, a 5.8 percent decline.

Heroin accounted for 7.8 percent of total treatment admissions in 2010, compared with 8 percent in 2009, 6.7 percent in 2008, and only 3.3 percent in 2000. Of the patients admitted to Twin Cities area addiction treatment programs with heroin as the primary substance problem in 2010, very few (0.8 percent) were younger than 18, and injection was the most common route of administration (62.1 percent). Females accounted for 33.9 percent of patients. Whites accounted for 64.0 percent, African Americans 24.5 percent and American Indians 5.4 percent. Roughly one-third (34.9 percent) were age 18 – 25, 25.1 percent were age 26 – 34, and 39.2 percent were age 35 and older (exhibit 4). The average age of first heroin use for patients receiving treatment for heroin, was 21.5 years (exhibit 5).

Opiates other than heroin (“other opiates”) include prescription **narcotic analgesics** (painkillers). Other opiates were reported as the primary substance problem by a record high number of 1,722 patients in the Twin Cities in 2009. In 2010 there were slightly fewer (1,639), a 4.8 percent decline. These accounted for 8.4 percent of total treatment admissions in 2010, compared with 8.3 percent in 2009 and only 1.4 percent in 2000. The majority of patients were White (82.1 percent); almost one-half were females (46.2 percent); and 34.8 percent were 35 and older (exhibit 4). The most common route of administration was oral (69.4 percent). The average age of first use of other opiates for patients receiving treatment for other opiates, was 24.5 years (exhibit 5).

In Minnesota in early 2011, both the Red Lake Nation and the White Earth Band of Chippewa, declared a public health emergency with respect to prescription and illegal drug abuse on their reservations, both located in northern Minnesota. Addiction to prescription narcotics is at record-high levels according to numerous sources, and the collateral consequences of widespread prescription narcotic abuse, trafficking, and addiction have continued to erode the quality of life and public safety in the communities.

Opiate-related deaths in Hennepin County and Ramsey County fell slightly (exhibit 6), from 113 in 2009 to 92 in 2010. Of the opiate-related decedents in Hennepin County in 2010, 60 percent were male, most were White (76.9 percent), 10 were African American, one Hispanic, one Asian and three American Indian. The average age was 40.2 years. Of the 65 cases, 24 involved methadone (36.9 percent), 13 oxycodone, and 3 fentanyl. Four cases involved the simultaneous use of cocaine, and four involved the simultaneous use of methamphetamines.

Of the 27 opiate-related decedents in Ramsey County in 2010, 66.6 percent were male, 81.5 percent were White, and 18.5 percent were African American. The average age was 40.7 years. Seven cases involved methadone (25.9 percent) and 12 oxycodone (44.4 percent). Seven cases involved the simultaneous use of cocaine, and seven involved the simultaneous use of benzodiazepines.

Heroin accounted for 3.9 percent of the drug samples analyzed by NFLIS in 2010, compared with 2 percent in 2008. Oxycodone accounted for 2.3 percent (exhibit 8).

All levels of law enforcement reported an increase in activity surrounding both heroin and prescription drugs. Statewide during 2010, the Minnesota Drug Task Forces made 108 arrests for heroin, compared with 50 in 2008, an increase of 53.7 percent.

According to the DEA's Heroin Domestic Monitoring Program the purity of heroin in Minneapolis is among the highest found in the country, and the cost of heroin per pure milligram is among the lowest (exhibit 12). Mexican brown and black tar heroin range in price from \$20 to \$40 per dosage unit or "bag," and from \$100 to \$200 per gram. An "eight-ball" (1/8 of an ounce) cost roughly \$400.

A small portion of the Twin Cities' Hmong immigrant population continued to smoke opium that is typically shipped from Asia to the Twin Cities, and concealed in various packages. Many of these packages continued to be intercepted by United States Customs.

In 2010, 9.0 percent of adult male arrestees in Hennepin County tested positive for opiates, compared with 4.7 percent in 2007 (exhibit 10).

Methamphetamine/Other Stimulants

In the wake of significant increases in **methamphetamine** (meth) manufacture, abuse, and addiction from 2000 through 2005, notable downward trends continued into 2010, with some signs of leveling and some slight increases.

Methamphetamine-related admissions to addiction treatment programs accounted for 6.4 percent of treatment admissions in 2010, compared with 5.7 percent in 2009 (exhibit 2), compared with 6 percent in 2008, and 12.0 percent in 2005. The actual number of patients in 2010 rose slightly from 1,169 in 2009 to 1,258 in 2010 (exhibit 13). Of the methamphetamine-related treatment admissions in 2010, 80.9 percent were White, and 37.0 percent were females (exhibit 4). Asians accounted for 6.4 percent, and Hispanics 4.6 percent. Smoking was the most common route of administration (69.0 percent). Only 1.4 percent of the methamphetamine patients were younger than 18, compared with a high of 11.5 percent in the first half of 2005. The average age of first use of methamphetamine for patients receiving treatment for it was 21.8 years (exhibit 5).

Combining Ramsey and Hennepin County, there were 13 methamphetamine-related deaths in both 2009 and 2010. Methamphetamines accounted for 23.7 percent of drug samples analyzed and reported to NFLIS, compared with 24.4 in 2009, 26.5 percent in 2008 and 51.0 percent in 2005. Statewide amounts of methamphetamine seized by narcotics task forces declined overall from 2006 to 2010 (exhibit 9). Statewide, meth labs, while markedly fewer than in 2005, increased from 18 in 2009 to 28 in 2010. Meth dumpsites declined from 12 to 9 in the same period (exhibit 14). Methamphetamine ranged in price from \$80 to \$150 per gram, and \$19,000 to \$20,000 per pound.

In 2010, 3.2 percent of adult males arrested in Hennepin County tested positive for methamphetamine, the same percentage as in 2007 (exhibit 10).

Khat, a plant indigenous to East Africa and the Arabian Peninsula and used for its stimulant effects in East Africa and the Middle East, maintained its persistent presence within the Somali immigrant community in the Twin Cities. Its active ingredients, cathinone and cathine, are controlled substances in the United States. Cathinone, a Schedule I drug, is present only in the fresh leaves of the flowering plant and converts to the considerably less potent cathine in approximately 48 hours. Users chew the leaves, smoke it, or brew it in tea. Statewide, narcotics task forces seized 54,916 grams of khat in 2004 and 484,955 grams in 2010 (over 1,000 pounds). See exhibit 15. Few arrests have ensued, however, attributed in part, to lack of significant penalties for its importation. Cathinone and cathine stemming from khat plants or dried khat leaves, known as “graba,” accounted for 1.8 percent of NFLIS items in 2010 (exhibit 8).

Methylphenidate (Ritalin®), a widely prescribed prescription drug used in the treatment of attention deficit hyperactive disorder, is also abused nonmedically to increase alertness and suppress appetite by some adolescents and young adults. Crushed and snorted or ingested orally, each pill sold for \$5, or was simply shared with others at no cost. It is sometimes known as a “hyper pill” or “the study drug.” The Hennepin Regional Poison Center reported 302 exposures to methylphenidate in 2010, and 82 in 2011 (first quarter).

MDMA (3,4-methylenedioxymethamphetamine), also known as ecstasy, “X,” or “e,” sold for \$20 per pill. MDMA accounted for 4.3 percent of drug samples in 2010 according to NFLIS (exhibit 8), compared with 4.1 percent in 2008. Human ingestion cases involving MDMA reported to Hennepin Regional Poison Center were 63 in 2008, 38 in 2010 and 13 in the first quarter of 2011 (exhibit 16).

Chemical mixtures that are sold online and in “head shops,” and labeled as “**bath salts**,” or “**plant food**,” in packages that state “not for human consumption,” are increasingly and intentionally consumed to produce effects similar to those experienced by ingesting stimulant illegal drugs, such as cocaine or MDMA. **Mephedrone** (4-methylmethcathinone or 4-MMC) is a substance of the phenylethylamine class and also shares similarities with methcathinone, a schedule I substance. These structural similarities to methcathinone open the door for possible prosecutions involving these products under the Federal Analog Act of the Controlled Substances Act. Exposures to bath salts reported to the Hennepin Regional Poison Center rapidly increased from 6 in 2010, to 26 in the first quarter of 2011 (exhibit 16). Adverse effects include chest pains, increased heart rate, elevated blood pressure, agitation, vomiting, dizziness, delusions, suicidal thoughts, psychosis, and paranoia. Mephedrone has been packaged and sold as bath salts, research chemicals or plant food. Bath salts are sold under names such as “Vanilla Sky,” “Bliss,” and “Ivory Wave.” Mephedrone alone is also known as “Meow Meow,” “M-CAT,” “Bubbles,” or “Mad Cow.” Bath salts, or synthetic cathinones, may also contain other related chemicals: MDPV (3,4-methyldioxypyrovalerone), Methylone (3,4-methylenedioxymethcathinone or MDMC), Naphyrone (naphthylpyrovalerone or NRG-1), 4-Fluoromethcathinone or 3-FMC0, Methedrone (4-methoxymethcathinone or bk-PMMA or PMMC), or Butylone (beta-keto-N-methylbenzodioxolylpropylamine or bk-MBDB). A 19-year-old male in nearby Hudson, Wisconsin was pulled over for erratic driving in May, 2011, and upon questioning, admitted having recently snorted bath salts.

Chemical mixtures that are sold online as “**research drugs**” that are “not intended for human consumption,” were intentionally consumed by a group of young people in suburban Blaine, Minnesota in March, 2011. The chemical compound known as **2C-E** (2,5-dimethoxy-4-ethylphenylethylamine) was snorted by eleven young people who were seeking effects similar to the stimulant drug, MDMA or “ecstasy”. All experienced profound hallucinations and became distressed. They were eventually hospitalized and one 19-year old male was pronounced dead at the hospital. The Blaine man who supplied the substance has since been charged with felony third degree murder. Some later reports said that some people thought they were ingesting **2C-I**, a chemical cousin of 2C-E, that has allegedly milder effects. Exposures to 2C-I and related analogues reported to the Hennepin Regional Poison Center numbered 4 in 2009, 7 in 2010, and 12 in the first quarter of 2011. 2C-E and 2C-I are also in the phenylethylamine class, and share significant structural similarities with **2C-B**, a schedule I substance. The structural similarities of 2C-E to the schedule I substance, 2C-B, create the possibility of prosecution under the Federal Analog Act of the Controlled Substances Act.

The primary users of these emerging synthetic drugs tend to be young males age 16 to 30, especially ones who are already in trouble with substance abuse, or the law, or both. For this group an added appeal of using these

synthetic substances is that they are not routinely detected in standard urine screens. A statewide bill banning the sale and possession of bath salts, 2C-E analogues and synthetic THC, was recently enacted by the Minnesota legislature and signed into law, effective July 1, 2011.

Marijuana

Marijuana treatment admissions still accounted for more addiction treatment admissions than those for any other illicit drug in the Twin Cities, with 3,578 admissions in 2010 (18.3 percent of total treatment admissions). Of these, 31 percent were younger than 18; 37.1 percent were age 18–25; and only 13.3 percent were 35 and older. Only 20.3 percent were female (the lowest percentage of females in any drug category); 53.6 percent were White, 29.8 percent were African-American, 6.3 percent were Hispanic, and 3.8 percent were American Indian (exhibit 4). The average age of first marijuana use for patients receiving treatment for marijuana was 14.1 years, the youngest age of any substance.

Marijuana/cannabis accounted for 24.1 percent of drug samples reported to NFLIS in 2010 (exhibit 8). Marijuana sold for \$5 per joint. Marijuana joints dipped in formaldehyde, which is often mixed with PCP (phencyclidine), are known as “wet sticks,” “water,” or “wet daddies.” Joints containing crack are known as “primos.” Pounds of “BC Bud” ranged from \$2,400 to \$2,800, compared with pounds of Mexican marijuana that ranged from \$550 to \$1,100 per pound. Statewide narcotics task forces seized over 7,500 cultivated marijuana plants in 2010 (exhibit 18).

In 2010, 53.6 percent of adult male arrestees in Hennepin County tested positive for marijuana, compared with 42.7 percent in 2007 (exhibit 10).

The use of **synthetic marijuana** products such as “K2,” and “Spice,” continued to elicit rising public concern throughout Minnesota in 2010. These herbal mixtures are sold as incense with a warning not to use for human consumption, however, when smoked, they are purported to produce effects similar to those of actual marijuana. They are sold online and in “head-shops,” under numerous other names such as “Smoke XXXX,” “Stairway to Heaven,” or “California Dreams,” in small zip lock plastic bags with handmade packaging. These new synthetic marijuana mixtures are allegedly sprayed with synthetic cannabinoids, the active ingredients in marijuana.

Using its emergency scheduling authority, the U.S. DEA acted in March, 2011 to temporarily control five chemicals that are used to make “fake pot” products -- JWH-018, JWH-073, JWH-200, CP-47,497, and cannabicyclohexanol. Yet in spite of this DEA action, numerous reports continue from metro area, school-based counselors, about the escalating abuse of these mixtures by students. In several cases the use of synthetic THC produced highly combative and aggressive behavior, vomiting, and seizures. In May 2011, two high school students were taken from school to the hospital by ambulance, after experiencing vomiting and agitation after eating synthetic THC that was baked in cookies. The Hennepin Regional Poison Center reported 89 synthetic cannabinoid exposures in 2010 and 49 in 2011 (first quarter).

Club Drugs/Hallucinogens

Salvia divinorum (a plant) and salvinorin A produce short-acting hallucinogenic effects when chewed, smoked, or brewed in tea. These are most often used by adolescents and young adults. Effective August 1, 2010, the sale or possession of these in Minnesota became a gross misdemeanor. The Hennepin Regional Poison Center reported 6 Salvia exposures in 2009, 3 in 2010 and none in 2011 (first quarter).

LSD (lysergic acid diethylamide) or “acid”, a strong, synthetically-produced hallucinogen, typically sold as saturated, tiny pieces of paper known as “blotter acid,” for \$5 to \$10 per dosage unit. The Hennepin Regional Poison Center reported 10 LSD exposures in 2009, 11 in 2010, and 4 in 2011 (first quarter).

Morning glory seeds crushed and mixed with vodka, called a “morning glory cocktail,” was ingested by one suburban high school student seeking hallucinogenic effects in April, 2011. The student was consequently hospitalized in a psychotic state and placed in a medically-induced coma while the drug effects subsided.

DXM (dextromethorphan) is the active cough suppressant ingredient in Coricidin HBP Cough and Cold® (known as “Triple Cs”) and Robitussin®. Over-the-counter cough and cold products that contain

dextromethorphan continued to be abused sporadically, mostly by adolescents, for their hallucinogenic effects by ingesting doses many times in excess of the recommended amount. Excessive dosages produce long-acting hallucinations, altered time perception, slurred speech, profuse sweating, uncoordinated movements, and high blood pressure.

Alcohol

Alcohol remained the most widely-abused substance in Minnesota and the Twin Cities. Roughly one-half of the total admissions to addiction treatment programs (51.3 percent) reported alcohol as the primary substance problem in 2010. Of these patients, over one-half (59.8 percent) were 35 and older, only 1.4 percent were younger than 18, and 73.8 percent were White (exhibit 4). The average age of first use of alcohol for patients receiving treatment for alcohol addiction was 15.4 years.

In 2009 there were 421 traffic deaths statewide, and in keeping with historical trends, roughly one-third of these deaths (141) were related to alcohol. Also in Minnesota in 2009, 32,756 motorists were arrested for DWI (Driving While Intoxicated). Effective July 1, 2011, the Minnesota Ignition Interlock Program takes effect. It allows the use of ignition interlock devices for convicted drunk drivers who seek to get their licenses reinstated sooner. An ignition interlock is a breath analyzer device that is wired into a vehicle's starting system that prevents a vehicle from starting if it detects a certain alcohol-concentration level after the driver blows into its tube. The length of time a convicted DWI offender may be required to use an ignition interlock device depends on the prior record of the driver and the length of license revocation.

INFECTIOUS DISEASES RELATED TO DRUG ABUSE

As of December 31, 2010, a cumulative total of 9,493 Minnesota residents reported cases of **HIV infection**. This includes 5,824 AIDS cases and 3,669 HIV, non-AIDS cases. Of these 9,493 HIV/AIDS cases, 3,228 are known to be deceased. Roughly 85 percent of the new, reported HIV new infections occurred in the Minneapolis/St. Paul metropolitan area. There are differences among gender for Minnesota cases of HIV infection. In 2010, male-to-male sex (MSM) accounted for 68 percent of new cases among males, injection drug use (IDU) 2 percent, and MSM/IDU 4 percent (exhibit 19). Among females heterosexual contact accounted for 59 percent and IDU, 9 percent.

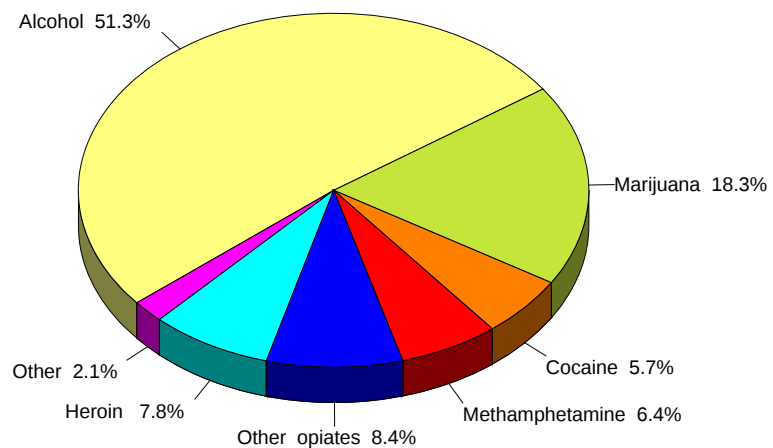
Hepatitis C, the contagious liver disease that results from infection with the Hepatitis C virus (HCV), can range from a mild illness lasting a few weeks to a serious, lifelong illness. According to the Centers for Disease Control and Prevention, most people become infected with the Hepatitis C virus by sharing needles or other equipment to inject drugs. It is transmitted when blood from a person infected with the Hepatitis C virus enters the body of someone who is not infected. As of December 31, 2010, there were 35,241 people living in Minnesota with past or present Hepatitis C virus infection, and 63 percent of those with a reported address resided in the Minneapolis/St. Paul metropolitan area.

For inquiries concerning this report, please contact Carol Falkowski, Drug Abuse Strategy Officer, Minnesota Department of Human Services, PO Box 64979, St. Paul, MN 55164-0979, Telephone: 651-431-2457, E-mail: carol.falkowski@state.mn.us.

Exhibits

Exhibit 1

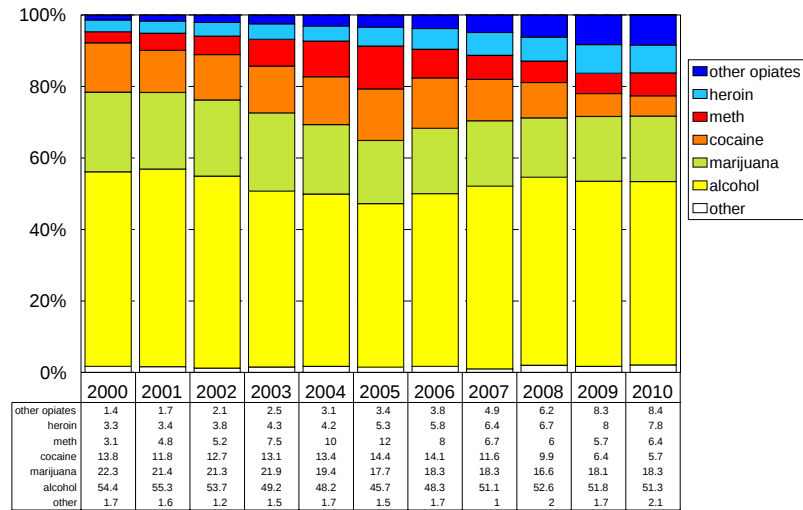
Percent of admissions to Minneapolis/St. Paul area addiction treatment programs by primary substance problem: 2010



SOURCE: Minnesota Department of Human Services, Drug and Alcohol Abuse Normative Evaluation System (DAANES), May 2011.

Exhibit 2

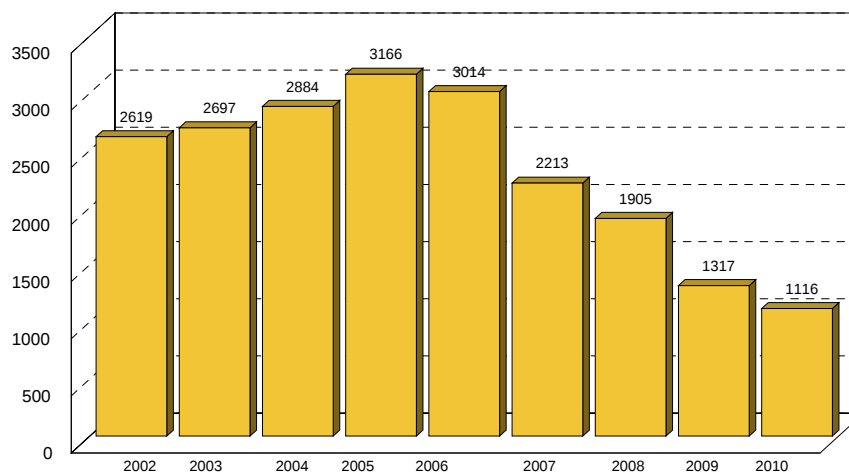
Percent of admissions to Minneapolis/St. Paul area addiction treatment programs by primary substance problem: 2000 - 2010



SOURCE: Minnesota Department of Human Services, Drug and Alcohol Abuse Normative Evaluation System (DAANES), May 2011.

Exhibit 3

Admissions to Minneapolis/St. Paul area addiction treatment programs with cocaine as the primary substance problem: 2002 - 2010



SOURCE: Minnesota Department of Human Services, Drug and Alcohol Abuse Normative Evaluation System (DAANES), May 2011.

Exhibit 4

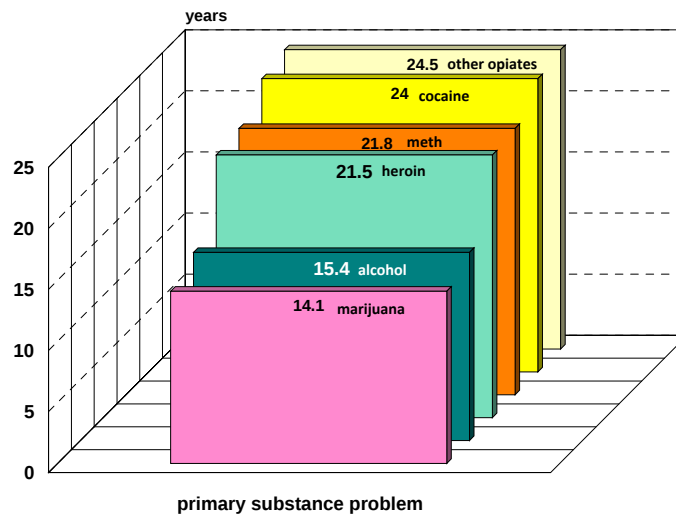
Characteristics of patients who received addiction treatment services in Minneapolis/St. Paul area by primary substance problem: 2010

TOTAL 2010 ADMISSIONS = 19,544	ALCOHOL 10,033 (51.3 %)	MARIJUANA 3,578 (18.3 %)	COCAINE 1,116 (5.7 %)	METHAMPHET-AMINE 1,259 (6.4 %)	HEROIN 1,532 (7.8 %)	OTHER OPIATES 1,639 (8.4 %)
GENDER						
% male	67.9	79.7	60.4	63	66.1	53.8
% female	32.1	20.3	39.6	37	33.9	46.2
RACE/ETHNICITY						
% White	73.8	53.6	38	80.9	64	82.1
% African Am	13.9	29.8	49.9	2.3	24.5	4.9
% Am Indian	3.6	3.8	4.6	2.1	5.4	6.8
% Hispanic	4.4	6.3	3.7	4.6	3.2	2.7
% Asian-Pacific Is	1.6	1.7	1.2	6.4	0.7	2
% Other	2.6	4.8	2.7	3.6	2.3	1.6
AGE						
% 17 and under	1.4	31	0.4	1.4	0.8	1.5
% 18 - 25	16.3	37.1	9.3	25.7	34.9	29
% 26 - 34	22.5	18.5	16.6	38	25.1	34.7
% 35 +	59.8	13.3	73.7	34.9	39.2	34.8
ROUTE of ADMINISTRATION						
% oral	100	1.7	0	6.1	0.6	69.4
% smoking	0	97.9	78.2	69	4.9	4.5
% snorting/inhalation	0	0	18.1	5.5	30.9	14.6
% injection	0	0	1.9	17.5	62.1	9.6
% unknown	0	0.4	1.8	1.9	1.5	1.9

SOURCE: Minnesota Department of Human Services, Drug and Alcohol Abuse Normative Evaluation System (DAANES), May 2011.

Exhibit 5

Average age of first use by primary substance problem for Minneapolis/St. Paul area treatment admissions: 2010



SOURCE: Minnesota Department of Human Services, Drug and Alcohol Abuse Normative Evaluation System (DAANES), May 2011.

Exhibit 6

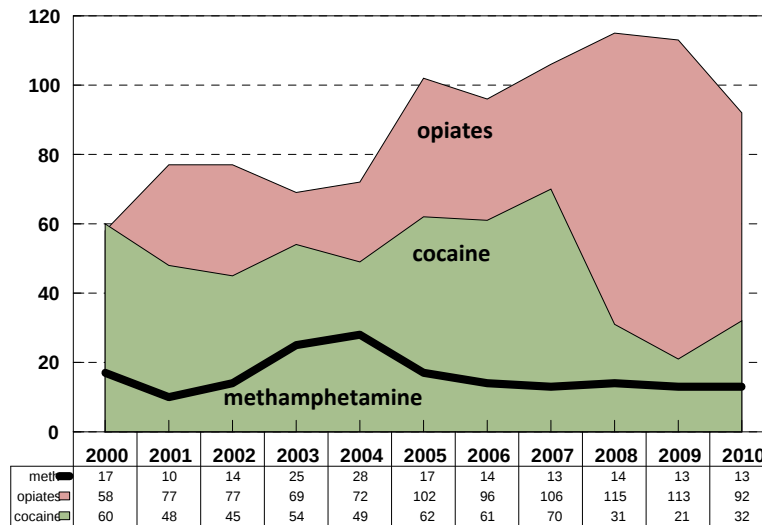
Drug-related deaths by county 2000 - 2010

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
HENNEPIN COUNTY											
COCAINE	43	37	34	44	39	50	48	59	21	10	25
OPIATES	41	58	59	50	47	60	69	67	84	77	65
METH	6	8	11	15	19	10	8	6	9	6	9
	3 MDMA	1 MDMA	3 MDMA	1 MDMA	8 MDMA	3 MDMA	1 MDMA	2 MDMA	1 MDMA	1 MDMA	
RAMSEY COUNTY											
COCAINE	17	11	11	10	10	12	13	11	10	11	7
OPIATES	17	19	18	10	25	42	27	39	31	36	27
METH	11	2	3	10	9	7	6	7	5	7	4
	3 MDMA										1 MDMA

SOURCE: Office of the Hennepin County Medical Examiner and Office of the Ramsey County Medical Examiner, 2011.

Exhibit 7

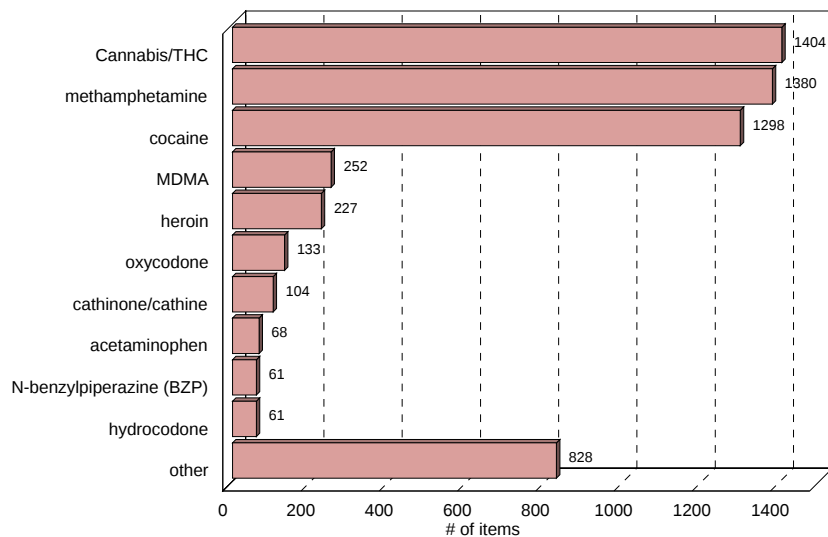
**Drug-related deaths in Hennepin County and Ramsey County:
2000 - 2010**



SOURCE: Hennepin County Medical Examiner and Ramsey County Medical Examiner, May 2011.

Exhibit 8

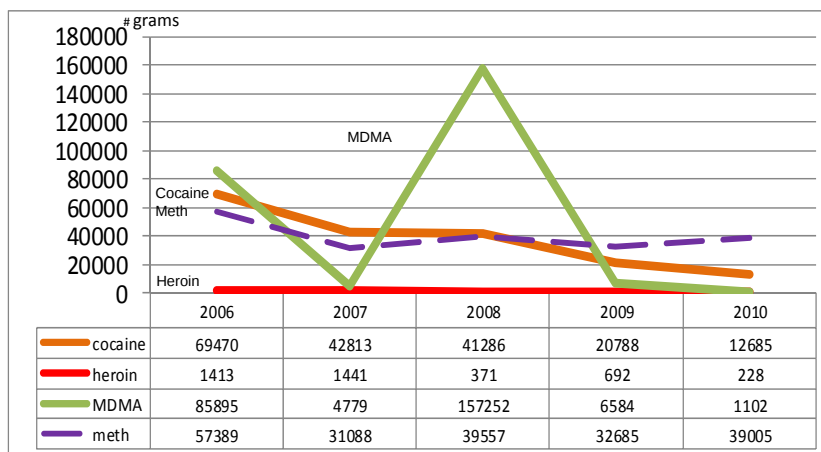
**Most frequently identified drugs of total analyzed
drug items in Minneapolis/St. Paul area: 2010**



SOURCE: National Forensic Laboratory Information System(NFLIS), U.S. Drug Enforcement Administration, May 2011.
Geographic metropolitan area includes the counties of Hennepin, Ramsey, Dakota, Washington, Anoka, Scott and Carver.

Exhibit 9

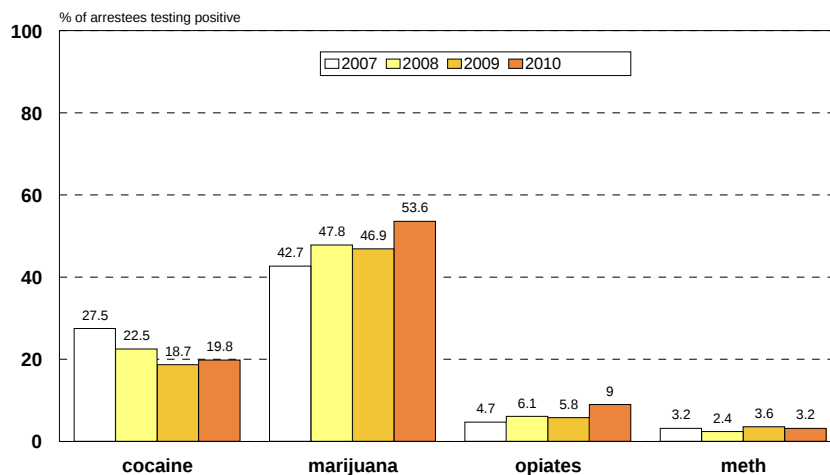
**Drugs seized by narcotics task forces:
Minnesota 2006 - 2010**



SOURCE: Office of Justice Programs, Minnesota Department of Public Safety, Drug and Violent Crime Task Forces 2011 Annual Report, March 2011.

Exhibit 10

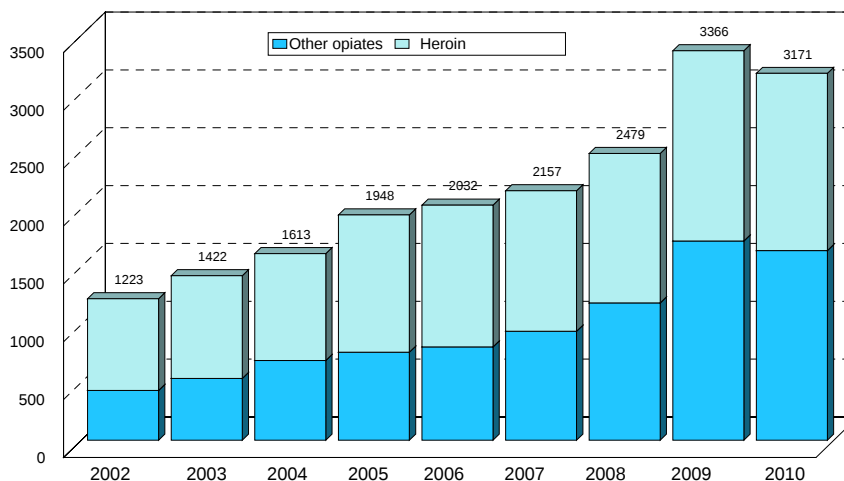
**Percent of male arrestees who tested positive for drugs
in Hennepin County: 2007 - 2010**



SOURCE: Data from 2007 - 2009 from the Arrestee Drug Abuse Monitoring (ADAM) II 2009 Annual Report, White House Office of National Drug Control Policy (ONDCP), Table 3.4 and Table 3.5. 2010 data from the Arrestee Drug Abuse Monitoring (ADAM) II 2010 Annual Report, ONDCP, May 2011, Appendix C, Minneapolis Fact Sheet, p. 131. Sampled eligible arrestees in 2007 = 881, in 2008 = 854, in 2009 = 996, and in 2010 = 899.

Exhibit 11

**Admissions to Minneapolis/St. Paul area addiction treatment programs with
heroin and other opiates as the primary substance problem: 2002 - 2010**



SOURCE: Minnesota Department of Human Services, Drug and Alcohol Abuse Normative Evaluation System (DAANES), May 2011.

Exhibit 12

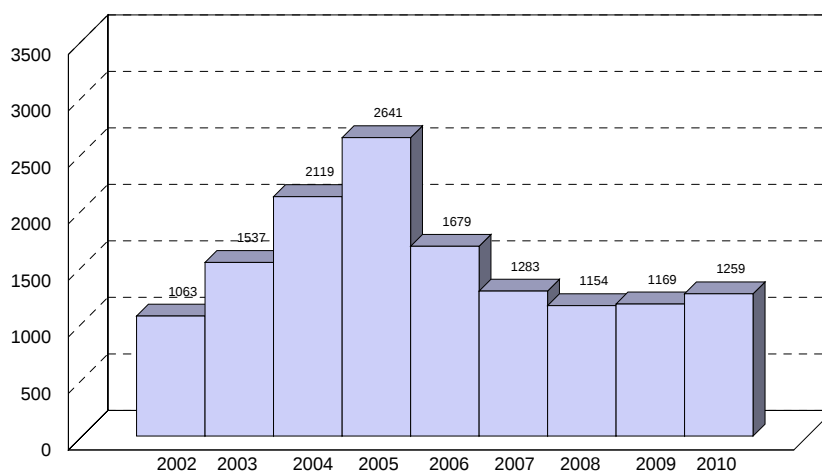
Mexican heroin price and purity: Minneapolis 2007 – 2009

	2007	2008	2009
purity	59.9%	54.75%	53.35%
\$/pure milligram	\$0.29	\$0.26	\$0.25
# qualified samples	16	13	4

SOURCE: US Drug Enforcement Administration, US Department of Justice, 2009 Heroin Domestic Monitor Program, DEA-NCW-RPT-013-10, November, 2010.

Exhibit 13

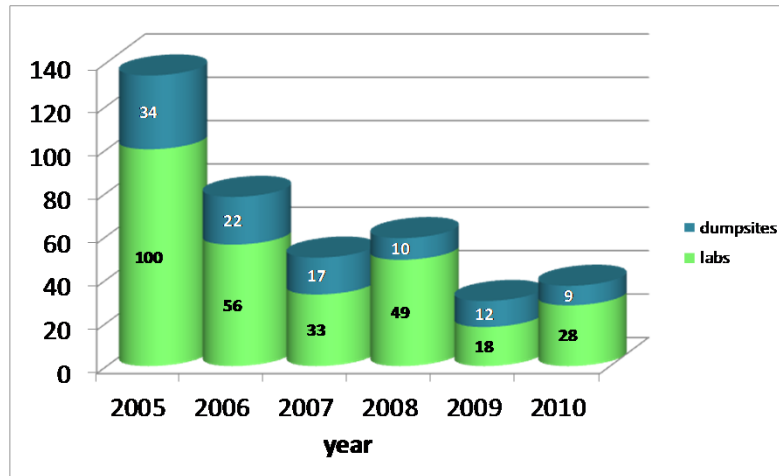
Admissions to Minneapolis/St. Paul area addiction treatment programs with methamphetamine as the primary substance problem: 2002 - 2010



SOURCE: Minnesota Department of Human Services, Drug and Alcohol Abuse Normative Evaluation System (DAANES), May 2011.

Exhibit 14

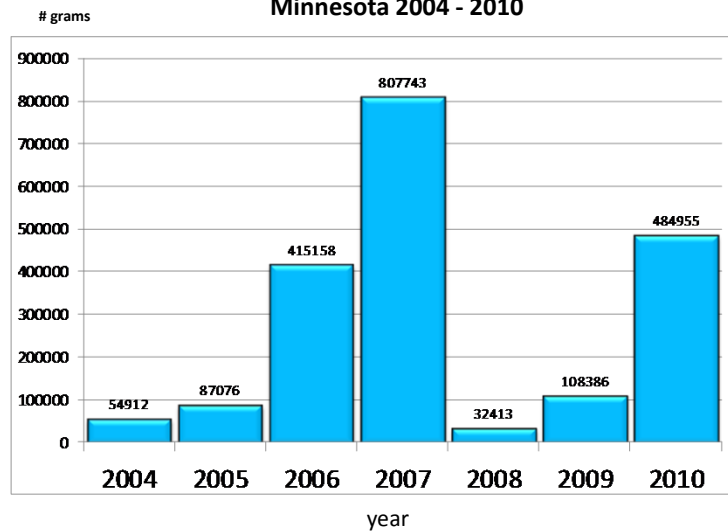
**Methamphetamine labs and dumpsites dismantled by
narcotics task forces: Minnesota 2005 - 2010**



SOURCE: Office of Justice Programs, Minnesota Department of Public Safety, *Drug and Violent Crime Task Forces 2011 Annual Report*, March 2011.

Exhibit 15

**Khat seized by narcotics task forces:
Minnesota 2004 - 2010**



SOURCE: Office of Justice Programs, Minnesota Department of Public Safety, *Drug and Violent Crime Task Forces 2011 Annual Report*, March 2011

Exhibit 16

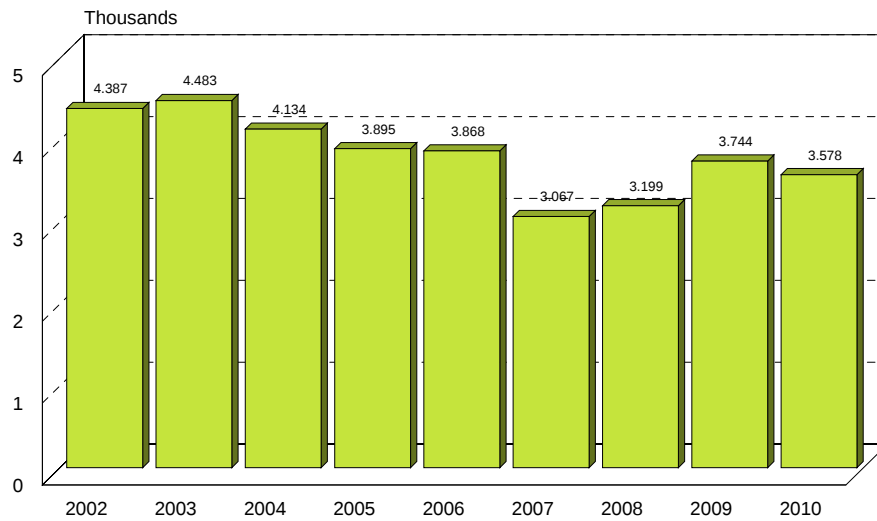
**Exposures to selected drugs reported to Hennepin County
Regional Poison Center: 2009 - 2011**

	2009	2010	1st Q 2011
"Bath Salts"	0	6	26
2C-I and analogs	4	7	12
MDMA	63	38	13

SOURCE: AAPC Toxic Exposure Surveillance System (TESS), Hennepin County Regional Poison Center, May 2011.

Exhibit 17

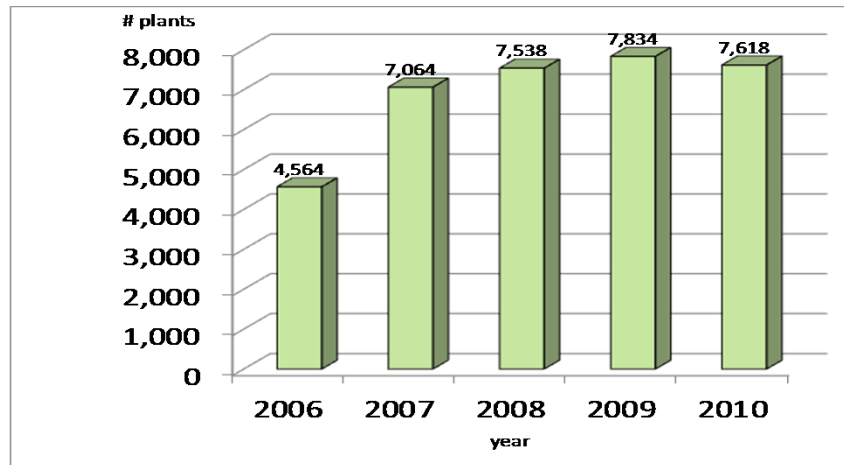
**Admissions to Minneapolis/St. Paul area addiction treatment programs with
marijuana as the primary substance problem: 2002 - 2010**



SOURCE: Minnesota Department of Human Services, Drug and Alcohol Abuse Normative Evaluation System (DAANES), May 2011.

Exhibit 18

**Cultivated marijuana plants seized
by narcotics task forces: Minnesota 2006 - 2010**



SOURCE: Office of Justice Programs, Minnesota Department of Public Safety, *Drug and Violent Crime s Task Forces 2011 Annual Report*, March 2011.

Exhibit 19

**Number of new cases of HIV infection by gender
and mode of exposure: Minnesota 2010**

Mode of exposure	Males # cases	Males %	Females # cases	Females %	TOTAL # cases	TOTAL %
MSM	178	68	--	--	178	54
IDU	6	2	3	4	9	3
MSM/IDU	10	4	--	--	10	3
Heterosexual	11	4	48	71	59	18
Perinatal	1	0	1	1	2	1
Unspecified	29	11	10	15	39	12
No interview	28	11	6	9	34	10
total	263	100	68	100	331	100

SOURCE: Minnesota Department of Health, AIDS/HIV Surveillance Unit, May 2011.